



Dear Member,

**This is an important notice that gives you information on how you can access MeridianComplete's (Medicare-Medicaid Plan) *Provider and Pharmacy Directory, List of Covered Drugs (Formulary) and the Member Handbook (Evidence of Coverage)*.**

MeridianComplete's *Provider and Pharmacy Directory* provides a list of the entire network of providers and pharmacies that you have access to as a member of our plan. MeridianComplete's *List of Covered Drugs (Formulary)* provides a list of all drugs covered by the plan. MeridianComplete's *Member Handbook (Evidence of Coverage)* is a booklet that explains health care services, behavioral health coverage, prescription drug coverage, and long term supports and services.

If you would like a copy of your *Provider and Pharmacy Directory, List of Covered Drugs (Formulary)* and/or *Member Handbook (Evidence of Coverage)* mailed to you, please call **1-855-580-1689** (TTY users should call **711**), **Monday – Friday, 8 a.m. to 8 p.m.** To access these documents electronically, please visit **[mmp.ilmeridian.com](http://mmp.ilmeridian.com)** or email **[MeridianMedicare@mhplan.com](mailto:MeridianMedicare@mhplan.com)**. These documents will be available by October 15, 2021.

Sincerely,

MeridianComplete (Medicare-Medicaid Plan)

MeridianComplete is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees. The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.

**Notice of Non-Discrimination.** MeridianComplete (Medicare-Medicaid Plan) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MeridianComplete does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

MeridianComplete: → Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).  
→ Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact MeridianComplete's Member Services at 1-855-580-1689 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.

If you believe that MeridianComplete has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; MeridianComplete's Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Services

**ATTENTION:** If you do not speak English, language assistance services, free of charge, are available to you. Call 1-855-580-1689 (TTY: 711).

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-580-1689 (TTY: 711).

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-580-1689 (TTY: 711).

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請電1-855-580-1689 (TTY: 711)。

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-580-1689 (TTY: 711) 번으로 전화해 주십시오.

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-580-1689 (TTY: 711).

**ملحوظة:** إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-580-1689 (رقم هاتف الصم والبكم: 711).

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-580-1689 (TTY: 711).

**સુચના:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-580-1689 (TTY: 711).

**خبردار:** اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-855-580-1689 (TTY: 711).

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-580-1689 (TTY: 711).

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-580-1689 (TTY: 711).

**ध्यान दें:** यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-580-1689 (TTY: 711) पर कॉल करें।

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-580-1689 (ATS: 711).

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ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-580-1689 (TTY: 711).

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ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-580-1689 (TTY: 711).

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